Customer No. 58633

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pre application of:

Nelson et al.

Docket No.: 9473.18472

Serial No.:

10/718,254

Examiner: Kiandra Charle Lewis

Filed:

MAR 23 2007

20 November 2003

Group Art Unit: 3743

For:

Devices, Systems, and Methods to Fixate Tissue Within the Regions of the

Body, Such as the Pharyngeal Conduit

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

### **AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

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[x] a small entity

[ ] other than a small entity.

# CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

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## **EXTENSION OF TERM**

NOTE:	"Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment aft expiration of the shortened statutory period.					
	a Notice of A the timely-file	opeal or filing and/or entry of a d response placed the applicat	nn additional amendment after expirati	ne is required toermit filing and/or entry of on of the shortened statutory period unless se, if a Notice of Appeal has been filed within per 10, 1985 (1061 O.G. 34-35).		
NOTE:		1.645 for extensions of time n proceedings.	e in interference proceedings and 3	7 CFR 1.550(c) for extensions of time in		
3.	The proce	edings herein are for a	a patent application and the p	rovisions of 37 CFR 1.136 apply		
	(complete (a) or (b) as applicable)					
	(a) [x] Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CF 1.17(a)(1) - (a)(5)) for the total number of months checked below:					
	Extension	F	ee for other than	Fee for		
	(months)		Small Entity	Small Entity		
	one monti		\$ 120.00 \$ 450.00	\$ 60.00		
[]	two month		\$ 450.00 \$1020.00	\$ 225.00 \$ 510.00		
	four mont		\$1590.00	\$ 795.00		
[X]	five month		\$2160.00	\$1080.00		
		Fee: \$ <u>1</u>	080.00			
If an additional extension of time is required please consider this a petition therefor.						
	(check and complete the next item, if applicable)					
	th	n extension forerefor of \$extension now reques	is deducted from the t	been secured and the fee paid total fee due for the total months		
	Extension fee due with this request: \$					
			OR			

[ ]

(b)

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## **FEE FOR CLAIMS**

4. The fee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(i)*	11	-63 =	(52)	x \$ 25.00	\$0	\$0
Independent Claims (37 CFR 1.16(h)***	1	-7 =	(6)	x \$ 100.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(j))				\$180.00	\$0	\$0
Total Additional Fee					\$0	\$0

If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

"After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added). WARNING:

(complete (c) or (d) as applicable)

(c)	[ x]	No additional fee	for claims is required.
			OR
(d)	[]	Total additional fe	e for claims required \$
			FEE PAYMENT
[x ]	Attached is a check in the sum of \$1,080.00		
[ ]	Charo	ie Account No	the sum of \$

5.

## **FEE DEFICIENCY**

NOTE:

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If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any overpayment of fees or additional extension and/or fee is required, charge Account No. <u>06-2360</u>.

## AND/OR

[x]	If any overpayment of fees or additional fee for claims is required charge Account No				
•	06-2360	in will			
		SIGNATURE OF ATTORNEY			
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		TYPE OR PRINT NAME OF ATTORNEY			
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